

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

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CALIFORNIA FORM 501
For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Michael Griffiths		[REDACTED]	()	[REDACTED]
STREET ADDRESS		CITY	STATE	ZIP CODE
[REDACTED]		Torrance	CA	90505
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable		<input checked="" type="checkbox"/> NON-PARTISAN
City Council Member	City of Torrance	N/A		PARTY:
OFFICE JURISDICTION				
<input type="checkbox"/> State (Complete Part 2.)				
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: City of Torrance				
			2014	
			(Year of Election)	

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) **Primary/general election** _____
(Year of Election) **Special/runoff election**

(Check one box)

☐ I **accept** the voluntary expenditure ceiling for the election stated above.

☐ I **do not accept** the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I **accept** the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California

Executed on 05-29-2013
(month, day, year)

Signature _____

FPPC Form 501 (Jan/03)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772